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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	XXXXXXXXXXX	ا ا ا
ADDRESS (number and street) Check if different than previously reported. (ACC)	YMAN COMMITTEE P.O. BOX 665 TEHACHAPI UMBER ▼		CA 93581	- 0665 ;
C 0 0 2 5 7 9 1	5 3. IS	THIS XX NEW PORT (N) OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Co.) (a) Quarterly Reports: April 15 Quarterly July 15 Quarterly October 15 Quarterly January 31 Year-	Report (Q1) Report (Q2) terly Report (Q3) End Report (YE) (c) 30- ort (TER)	Primary (12P) Convention (12C) Convention on Day POST-Election Report for General (30G)	General (12G) Special (12S)	in the State of Special (30S) in the State of
5. Covering Period	oi™ ′ oi° ′ 20	08 through	31 ^D / 2	008
Type or Print Name of Treasurer	ROBERT F. K		Date Date	2008
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